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May 24, 2017

Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-B204
Washington, DC 20554

Re: Actions to Accelerate Adoption and Accessibility of Broadband-Enabled Health Care Solutions and Advanced Technologies (GN Docket No. 16-46)

Submitted Electronically: FCC Electronic Comment Filing System

Dear Ms. Dortch:

UnitedHealth Group (UHG) is writing in response to the request for comments and data by the Federal Communications Commission (FCC) on Actions to Accelerate Adoption and Accessibility of Broadband-Enabled Health Care Solutions and Technologies (the "RFC"). The information submitted in response to the RFC will be used by the FCC to identify actions to encourage better health care delivery through an accessible broadband infrastructure. UHG strongly supports these same goals of expanding the use of broadband technologies for health care.

UHG is dedicated to helping people live healthier lives and making our nation's health care system work better for everyone through two distinct business platforms – UnitedHealthcare (UHC), our health benefits business, and Optum, our health services business. Our workforce of 225,000 people serves the health care needs of more than 125 million people worldwide, funding and arranging health care on behalf of individuals, employers, and government.

As America's most diversified health and well-being company, we not only serve many of the country's most respected employers, but we are also the nation's largest Medicare health plan - serving nearly one in five seniors nationwide - and one of the largest Medicaid health plans, supporting underserved communities in 24 states and the District of Columbia. Recognized as America's most innovative company in our industry by *Fortune* magazine for five years in a row, we bring innovative health care solutions to scale to help create a modern health care system that is more accessible, affordable, and personalized for all Americans.

The FCC has outlined detailed questions within seven objectives to support health care solutions through expanded broadband capabilities. Our comments address a number of the issues in the RFC and focus on: (a) the importance of data exchange to facilitate the Triple Aim for improving health care; (b) how UHG is using broadband-enabled telehealth services to improve care delivery; and (c) regulatory and operational barriers to expanding broadband services.

Supporting the Triple Aim

We greatly appreciate the FCC's leadership in creating and facilitating broadband health infrastructure for ongoing technology-based transformation in health care delivery. These efforts support the Triple Aim:

- Improve the health of the defined population;
- Enhance the patient care experience (including quality, access, and reliability); and
- Reduce, or at least control, the per capita cost of care.[1]

UHG is a leader in payer-provider population health management and value-based clinical transformation to achieve the Triple Aim. We could not achieve this distinction without the use of successful broadband technologies, some of which are outlined in the RFC. The exchange of clinical data through electronic and wireless mechanisms is critical to support care coordination and facilitate better quality and cost outcomes for all stakeholders. One key to accomplish this coordination is the ability of holders of vital medical records and health data to share that information in an advanced, real-time, and actionable way to achieve whole-person care.

To illustrate, UHC works diligently with more than 500 Accountable Care Organizations (ACOs) and medical practices within those ACOs (which includes over 800 contractual relationships) to provide data and analytics to assist with the identification of clinical opportunities and at-risk cohorts of patients, such as those with the most complex and chronic diseases, as well as those who have been recently discharged from an acute hospital or skilled nursing facility. We do this through our innovative population health registry tools so that providers have the right data to better understand their patient population, and have a complete patient profile in one place that allows for better quality and cost outcomes.to create and follow patients with specific disease states and complications.

UHC's support teams also share best practices in clinical operations and practice models, which are derived from our extensive national network of ACOs and other care programs, including Patient Centered Medical Homes and Health Homes. Our population-health and Triple Aim work is derived from UHC's six Pillars of Excellence that are designed to improve the patient care experience, the quality of care, and reduce costs, while supporting the medical practice and providing the opportunity for additional value-based funding to the practice. These six pillars are intended to: (1) improve high risk patient care; (2) improve access to care; (3) reduce avoidable admissions; (4) reduce non-emergency ER visits; (5) improve quality and coding accuracy; and (6) improve growth and satisfaction. These goals are not unique to UHC but are key objectives for all providers, payers, and other stakeholders in our health care system.

[1] Institute for Healthcare Improvement, *The Triple Aim: Optimizing Health, Care and Cost*, Healthcare Executive, Jan/Feb. 2009 accessed at: http://www.ihi.org/Engage/Initiatives/TripleAim/Documents/BeasleyTripleAim_ACHEJan09.pdf

This important explanation and understanding of our population-health work links directly to the RFC because we work every day to create and deliver innovative programs that generate real-time, seamless, and actionable data that will meet the Triple Aim. UHG wants to more closely partner with the FCC to solidify the goals outlined in the RFC for better and more accessible broadband infrastructure. Because we use a wide multiplicity of data types and analytics, and we create actionable data that then leads to real quality outcomes for our consumers, we ask the FCC to create robust policies that encourage all stakeholders (especially health care providers) to increase their use of broadband and other health information technologies. These innovated health technologies are necessary to manage care, resource utilization, and the cost of care.

Further, we encourage the FCC to stay focused on the fact that promoting broadband health technology results in better patient care, better outcomes, and more efficient resource use. Wireless technologies ensure that as patients transition from one provider to another their data is complete and actionable so handoffs are smooth, information is clear, readmissions are prevented, and effective care is delivered in every setting.

As important, this promotion and implementation of better connectivity will eliminate onerous, slow, and expensive modalities for administrative functions like faxes and telephone calls between payers, providers, and other partners. UHG estimates that within UHC our costs to fax and use telephone lines with our providers is in the millions of dollars annually in order to process and respond to member data requests, member transactions, clinical reviews, claims adjudication, and payment of claims. A more extensive and improved broadband network would help UHG tremendously in the advancement of our administrative simplification, operating costs, lower member costs, and a source of frustration and disappointment for our consumers, providers and employer groups. This change in process and delivery related directly to administrative simplification would not only get us closer to the Triple Aim but would also tremendously improve our relationships with all consumers, customers and providers.

This overarching policy allows for an understanding that technologies will be built with a standard sense of how much and with whom data is being shared and whether the data is used effectively. The FCC should leverage a variety of data sources to reflect the widest possible view of actual interoperable data exchange in the marketplace, and not limit information transfers to certified electronic health record data. For example, a focus on the exchange and measurement of laboratory, radiology, and pathology results; admission, discharge, and transfer data; immunization and medication data; patient survey data including health risk assessments, engagement-satisfaction, and net promoter scores; health equity metrics like race, ethnicity, language preferences, and gender preferences or orientation; disability information; annual income; more accurate updated phone numbers and addresses, and biometrics using secure and appropriate transfer standards ensures the availability of a complete history of a patient's care. In addition, broadband and wireless technologies narrow the information gaps between providers, patients, and health care payers.

Technologies that present a fuller and more robust set of data will also be more successful because they will be more inclusive and representative of the relevant patient populations. Modern and emerging health care analytics and data science initiatives require broad data sets in order to generate meaningful, actionable, and non-discriminatory insights. To the extent data analytics activities do not include the activities of certain populations (e.g., rural populations), health care related "big data" initiatives will not

be as helpful to improving the health of these populations. Recent scholarship has begun to stress this point:

> Jonas Lerman, for example, worries about "the nonrandom, systemic omission of people who live on big data's margins, whether due to poverty, geography, or lifestyle, and whose lives are less 'datafied' than the general population's." Professor Kate Crawford has likewise warned that "[b]ecause not all data is created or even collected equally, there are 'signal problems' in big-data sets--dark zones or shadows where some citizens and communities are overlooked or underrepresented." Errors of this sort may befall historically disadvantaged groups at higher rates because they are less involved in the formal economy and its data-generating activities, have unequal access to and relatively less fluency in the technology necessary to engage online, or are less profitable customers or important constituents and therefore less interesting as targets of observation. Not only will the quality of individual records of members of these groups be poorer as a consequence, but these groups as a whole will also be less well represented in datasets, skewing conclusions that may be drawn from an analysis of the data.[2]

Thus, as the health care industry increasingly leverages large scale data analytics to improve the health of consumers, and data sources are increasingly derived from broadband-enabled capabilities, a robust broadband infrastructure will be critical to improving the health care for traditionally underserved populations.

Using Telehealth Services to Improve Health Care Delivery

Telehealth services have been available to health care providers and patients for a number of years. UHG believes telehealth is an important health care service for our members, and strives to make it better. Additional broadband services can help improve the availability and accessibility of telehealth ensuring that providers in all settings will have access to the right data for the right settings of care.

Examples of UHG's success with telehealth programs include Optum's MedExpress and WellMed business as well as UHC activities to support services for our Medicaid population. MedExpress Urgent Care is a neighborhood medical center dedicated to providing high-quality, convenient, and affordable walk-in care and is opening fully staffed medical centers in designated Health Professional Shortage Areas.[3] These centers provide a wide range of medical care including x-ray imaging and laboratory services. MedExpress centers are staffed with registered nurses who are virtually connected to a physician to deliver real-time medical care to a patient. As the physician shortage crisis continues to escalate, utilizing telehealth will enable us to continue to operate in markets where there is a limited supply of physicians and nearby medical facilities. Placing MedExpress facilities in rural and other underserved communities results in "state of the art" urgent centers that meet the goals of the Triple Aim.

WellMed is a group of more than 6,000 staff and contracted physicians delivering quality health care to Medicare beneficiaries. The WellMed care model allows patients to receive specialty care in the comfort of their home; enabling high value low cost care. WellMed delivers these services via telehealth

[2] Solon Barocas and Andrew Selbst, *Big Data's Disparate Impact,* 104 Calif. L. Rev. 671, at 684-85.

[3] Health Professional Shortage Areas are localities or population groups (e.g., Medicaid enrollees) designated by the Department of Health and Human Services as having shortages of primary care, dental care, or behavioral health services.

that connects nurses to physicians and uses live video stream as a main source of communication for treatment. This delivery method brings savings to Medicare by eliminating transportation for patients to medical centers, and also benefits children caring for elderly parents because they do not have to take time off from work.

UHC offers successful telehealth services in connection with Medicaid programs in a number of states. For example, our telehealth services in Arizona is a market leader for clinical services processing over 21,000 patient services annually, primarily in rural areas where patients often need to travel an average of 150 miles round trip to see a health care provider. The services utilize telehealth to link behavioral and medical health providers with patients. In addition, UHC promotes and reimburses the use of telehealth for acute and long-term care, pediatrics, and complex care services for the Arizona Medicaid population.

Our advanced telehealth vision will enable technology and care delivery innovation for, patients and care providers to achieve the Triple Aim of better health, better care, and better cost controls across medical and behavioral services. UHG is working diligently to explore opportunities for furthering telehealth services, and assisting providers to promote telehealth care. We are expanding our telehealth program in the following ways:

- Ensuring adequate incentives to health care providers to use telehealth as a seamless and routine delivery of care.

- Promoting telehealth services as part of our value based contracts that match the patient cost of telehealth services to the same amount as if the patient were seen in the provider's physical office.

- Facilitating ease of use of telehealth care within the daily workflow of the provider's responsibilities and medical care given to patients. We are working with providers to create a seamless workflow allowing the practitioner to view both a patient's electronic medical record and link to the virtual waiting room or the video exam for telehealth services at or close to the same time.

- Facilitating telehealth connection and a relationship to a patient's primary care provider for both medical and behavioral health. A patient should see his/her personal physician even in a telehealth setting. This creates an important bond between providers, including specialists, and patients, and increases the continuity of care and go-between physical visits and virtual visits that then meets the Triple Aim.

- Encouraging a relationship with the younger adult population to use telehealth services by promoting the program in a faster pace, social media, and online or push-of-button way.

- Building telehealth programs that will be desirable and easy to use for UHG's senior population and members with disabilities.

- Linking behavioral health care to telehealth services through an Optum Behavioral Health Telehealth portal with improved visit scheduling that will streamline the member/patient experience using a standard technology platform. In addition, we are creating behavioral health network integration with new on-line provider searches and transparency experiences.

Telehealth is an important component of an effective health care delivery system. Such services are dependent on the availability broadband capabilities.

Barriers to Health Information Exchange

As noted in the RFC, there are actions the FCC could take to expand access to broadband services in health care. The FCC should consider not only broadband capabilities, but how broadband fits within the overall electronic data stream. Health care providers, patients, caregivers, health plans, and other stakeholders are increasingly relying on the use and sharing of electronic health care data. Better broadband connectivity will help increase the data transfer, but is only one part of the complex health care system.

Regulatory Restrictions to Communicating Health Information

UHG is subject to an extensive set of state and federal regulations limiting our ability to communicate health information with our members and patients. Some of these restrictions arise out of the FCC's jurisdiction over telephone and text communications. Other limitations are the result of requirements enacted by the Health Insurance Portability and Accountability Act (HIPAA) privacy and data security standards, as well as the Department of Labor rules governing the ability of employers and health plans to communicate electronically with plan participants and beneficiaries.

The FCC can directly support health plan member engagement by modernizing guidance under the Telephone Consumer Protection Act (TCPA) regarding consumer consent to calls and text messaging for health care purposes. Specifically, regarding FCC Declaratory Ruling and Order 15-17 (released July 10, 2015; the "Ruling"), the FCC should provide explicit clarification that health plans may communicate with their members through voice calls and encrypted text messages regarding care management programs and health plan benefits without prior explicit member consent for such communications. In addition, the FCC should expand the eight enumerated categories of health care messaging set forth in Paragraph 147 of the Ruling to allow more flexibility for health plans to engage members by telephone and text messaging for health care related communications.

The FCC should work with other state and federal agencies with oversight of health information and data transfer to ensure a uniform set of standards governing how health plans and health care providers can access and communicate patient information. We encourage cross-agency collaboration to modernize health care communication processes, including the ability of health plans to communicate more readily with their members via electronic channels. Current laws, such as the Department of Labor's limits on electronic communications, impose unnecessary burdens on health plans and their members. Assessment of broadband capabilities should include exploration of opportunities for increased electronic communication and elimination of existing barriers. We also propose that as part of this analysis, the FCC should recognize that some issues – such as health information privacy concerns – are better regulated through existing legal structures (e.g., the HIPAA health information privacy regulations) and that additional FCC intervention is not needed.

Value Based Payments for Broadband/Wireless Health Care Technology Use

In order to meet the Triple Aim in broadband and wireless health technologies we need better value based incentive mechanisms to encourage increased participation by health care providers and ensure that they collect the right data, that the data is robust enough to be actionable, and that providers are connecting to other primary care and specialist providers to achieve complete whole-person care that is so critical in today's health care delivery and quality. We ask the FCC to work with its counterparts in the federal government like the Centers for Medicare & Medicaid Services (CMS) to develop more reasonable reimbursement policies and standard coding for payments. CMS still follows a reimbursement policy developed more than ten years ago, and still requires services to be connected real-time between care-providers with one located at the "originating site." We need the FCC to help build out new federally led reimbursement policies that include payments for legitimate, provider to patient services, and determine if adding an incentive into provider value based contracts for a shared saving payment or a care coordination payment is a value-added decision.

Such decisions must include aligned quality and cost incentives and create standard measurement of quality and cost for the use of broadband health care technologies. It is no longer feasible to measure clinical data exchange on the number of transactions, or connections. Instead, it must be on the ***value*** of the information being exchanged. Moving to value of care and then aligning that quantity on a fair and reasonable reimbursement for broadband services will move providers and patients into the use and adoption of more health technologies.

Encouraging Better Broadband Capability

As noted, improved broadband capabilities for telehealth will result in more actionable data, higher resolution and quality of video communication, and the increased sharing of information necessary between providers and patients. However, at times, barriers slow down the ability to connect with providers in real-time due to slow broadband connections. Optum's WellMed at times struggles with slow digital communication services in the Rio Grande Valley, Dallas, and Fort Worth hindering the ability to send video feed and to support the streaming that allows for the telehealth services to be delivered to patients. If we could infuse improved broadband services into our programs we would be able to add even more quality health care to our consumers.

We strongly support the FCC's work to expand broadband services in rural and other underserved areas. One suggestion would be to partner with broadband service providers in Health Professional Service Areas to expand services. Another possibility is for the FCC to partner with Medicare and state-level Medicaid programs (and health plans and providers participating in those programs) to provide incentives for broadband infrastructure companies based on resulting health and care related savings. For example, the FCC could work with a broadband provider and a state Medicaid program to: (a) measure baseline health and care costs for a given population where broadband infrastructure is lacking; (b) identify and implement broadband enabled care management programs proven to improve care and reduce costs; and (c) apportion a percentage of any medical cost savings to the broadband infrastructure partner. This approach is similar to how UHC shares medical cost savings with health care providers participating in an ACO, which for us is a very successful process and program.

Conclusion

UHG recognizes that patients, health care providers, and payers will benefit from the full value of an interoperable health care system supported by expanded broadband capabilities. This system will enable population health improvement, better quality measures, improved care delivery, and lower costs. We look forward to a partnership with the FCC to discuss ways to improve health information technology and data sharing. Please feel free to contact us if you have any additional questions.

Sincerely,

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